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REVIEW OF SECTORAL CLUSTERS, FIRST PHASE: HEALTH, HUMAN SETTLEMENTS AND FRESHWATER

Progress in protecting and promoting human health

Report of the Secretary-General

SUMMARY

The present thematic report covers progress achieved in the implementation of chapter 6 of Agenda 21 (Protecting and promoting human health). The report is based in large measure on information supplied by the World Health Organization, acting as Task Manager for the Inter-agency Committee on Sustainable Development and other agencies of the United Nations system with programmes and activities related to chapter 6 of Agenda 21. The full report of the Task Manager is available as a background paper for the information of the Commission. In addition, the present report incorporates, to the extent possible, information received from Governments and non-governmental organizations. The recommendations contained in section III draw, in part, on the results of an Inter-sessional Workshop on Health, the Environment and Sustainable Development, held at Copenhagen in February 1994.

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INTRODUCTION

1. The Commission on Sustainable Development adopted a multi-year thematic programme of work at its first session, in June 1993, as a framework for reviewing progress achieved in implementing Agenda 21 (see E/1993/25/Add.1, chap. I, sect. A). Under the terms of this programme of work, the Commission requested the Secretary-General to prepare thematic reports for its sessions in 1994, 1995 and 1996. The present report reviews the trends and needs in implementing chapter 6 of Agenda 21 on protecting and promoting human health. It is one of the five thematic reports called for in the Commission's programme of work for 1994.

2. The report is based on the information available in a background paper prepared by the World Health Organization (WHO), 1/ as well as on reports submitted by Governments and major groups. The background paper contains a detailed analysis of international cooperation under chapter 6, identifies how health is linked with other chapters of Agenda 21, and includes the most important results of the Inter-sessional Workshop on Health, the Environment and Sustainable Development, organized by the Government of Denmark (Copenhagen, 23-25 February 1994). The recommendations of the Workshop are set out in the annex below.

3. The report reviews the main trends in the activities of the intergovernmental, governmental and non-governmental actors following the programmatic outline of chapter 6, within the limitations of the information made available by those actors. A set of recommendations is provided for the Commission's consideration.

I. GENERAL OVERVIEW

4. Human and environmental health are mutually inclusive: healthy human beings can better combat poverty and care for their environment, and a healthy environment is essential for a healthy human being. Promoting and protecting human health is a central concern in sustainable development. This concern is reflected in chapter 6 of, as well as throughout, Agenda 21 and in the Rio Declaration on Environment and Development. 2/

5. Chapter 6 has five programme areas containing over 100 activities. The programme areas include: (a) meeting primary health care needs, particularly in rural areas; (b) control of communicable diseases; (c) protecting vulnerable groups; (d) meeting the urban health challenge; and (e) reducing health risks from environmental pollution and hazards.

II. REVIEW OF PROGRESS ACHIEVED IN PROGRAMME AREAS OF CHAPTER 6 OF AGENDA 21

A. International cooperation

6. In general, United Nations agencies continue along well-established programmatic lines regarding protection and promotion of human health. Although many of these programmes do not directly derive from chapter 6, or from Agenda 21, they nevertheless cover areas that are integral to implementing the health aspects of the global sustainable development agenda.

Programme area A: Meeting primary health care needs, particularly in rural areas

7. Four general trends are observed in this programme area: (i) increasing emphasis on investments in the social and environmental sectors; (ii) increasing focus on district/local-level health system efforts; (iii) greater support for community participation; and (iv) reform efforts in the health sector.

8. The increasing emphasis on social and environmental investments is creating opportunities for broader intersectoral and inter-agency actions for health. These broader programmes help improve the overall social infrastructure, which in turn helps with particular health sector efforts.

9. The "district health system" concept aims at achieving an equitable distribution of health resources by providing health services, taking intersectoral action and encouraging community participation. WHO and the United Nations Development Programme (UNDP), among other agencies, have been active in promoting this concept. WHO has also developed a set of guidelines to serve as the basis for implementing district-level programmes.

10. Community action for health was one of the technical discussion themes at the 1994 World Health Assembly of WHO and is a core issue in providing primary health care. A number of agencies carry out programmes that contribute to increasing community participation. These include the Settlement Infrastructure and Environment and Community Development Programmes of the United Nations Centre for Human Settlements (Habitat), the Education for All Programme of the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Community Nutrition Programme of the Food and Agriculture Organization (FAO). The concept of Primary Environmental Care (PEC), 3/ is also emerging as an instrument of potential importance that non-governmental organizations and various United Nations agencies increasingly see as a means of improving the quality of life of people through environmental regeneration.

11. There are national trends in favour of broad-based health sector reform. The WHO second evaluation report on the implementation of the Global Strategy for Health for All by the Year 2000, for example, indicates a strong political commitment to achieving health-for-all goals.

12. Two issues continue to be problematic in this programme area: (i) primary health care continues to be a vertical process, despite current intellectual awareness that health care needs to be integrative; and (ii) there is little

quantitative assessment of the impact of health service privatization programmes on the poor and the vulnerable, especially in the least developed countries.

Programme area B: Control of communicable diseases

13. Eradication and/or control of over a dozen communicable diseases by target dates, and relevant infrastructural improvements are the focus of this programme area. The activities and target dates are specific enough to warrant quantitative indicators. However, such information is not available on a comprehensive basis.

14. The United Nations system, in particular WHO, has had programmes on eradicating various communicable diseases for several decades. This long tradition has also lent itself to well-established inter-agency cooperation. For example the WHO Programme for the Control of Diarrhoeal Diseases (CDD) involves UNDP, the United Nations Children's Fund (UNICEF) and the World Bank. 4/ Similarly, the joint Panel of Experts on Environmental Management of Vector Control (PEEM) involves WHO, FAO, the United Nations Environment Programme (UNEP) and Habitat. 5/ International cooperation in this programme area also highlights the intersectoral approaches to communicable diseases. For example, FAO and WHO are working on the link between health and disease transmission through food supplies.

15. More recent efforts have been more focused on new global epidemics, such as acquired immunodeficiency syndrome (AIDS), and on encouraging field research. Under AIDS-related programmes, WHO and the World Bank have organized regional seminars on AIDS prevention and care policies for high-level policy makers. UNDP efforts in this area involve strengthening community responses to the AIDS epidemic in Asia and the Pacific.

16. A recent collaborative effort to encourage research is the Task Force on Tropical Diseases and the Environment by the Special Programme for Research and Training in Tropical Diseases (TDR). TDR is sponsored with WHO by UNDP and the World Bank, and administered by WHO. It was established to fund field research on the correlation between agro-ecosystem changes and tropical diseases.

17. Many of the disease control and eradication programmes of the United Nations system have been successful. Some problem areas include insufficient human resource training and infrastructure building; and continuing low levels of investment in public health activities.

Programme area C: Protecting vulnerable groups

18. This programme area focuses on children and youth, women, and indigenous groups as particularly vulnerable groups for whom Governments and agencies are asked to provide special services. The available information indicates that agencies, as well as Governments and non-governmental organizations have established programmes for some of the identified vulnerable groups.

19. There seem to be more instances of special agency programmes for women and children than for indigenous groups or youth. For example, WHO and UNICEF have jointly formulated a set of indicators and a global monitoring framework that

focuses on children. WHO has established a Global Commission on Women's Development and Health. UNICEF, FAO and WHO are involved in national follow-up to international and regional initiatives, such as the World Summit for Children. WHO and UNESCO have jointly focused on improving the health of schoolchildren through improved school environments. The World Food Programme (WFP) is providing food aid at health centres to encourage greater and more regular attendance of mothers and young children.

20. Common strategies for two or more of the four groups are rare. A relevant initiative is the common goals set by FAO, WHO, UNICEF and the United Nations Population Fund (UNFPA) to provide a framework for in-country collaboration with respect to the health of women and children.

21. A number of international frameworks relevant to vulnerable groups are also being revived in the context of Agenda 21. Among them are the Convention on the Elimination of All Forms of Discrimination Against Women (General Assembly resolution 34/180), the Convention on the Rights of the Child (General Assembly resolution 44/25) and the International Labour Organization (ILO) Conventions on Child Labour (Convention 138) and Tribal and Indigenous Populations (Convention 107).

22. A problem area involves whether the vulnerable groups play a passive-recipient or active-participant role in the design, implementation and other decision-making relevant to national and international health programmes. For example, it is not yet clear whether vulnerable groups are integrated in the decision-making of agencies or other actors particularly in local health issues, as suggested in subsection (c) (i) of paragraph 6.27 of Agenda 21. Similarly, it is not clear to what extent the traditional knowledge held by indigenous groups and women is being integrated into health systems and policies (para. 6.27, subsection (d) (ii)).

Programme area D: Meeting the urban health challenge

23. This programme area focuses on meeting urban health challenges. Numerous United Nations agencies are helping to improve the capacity of municipal governments to manage the urban environment and improve living conditions in cities. Efforts have been increased in the recent years owing to rapid urban growth and the growing need for health services in cities.

24. Among the current inter-agency initiatives are the Healthy Cities Programme (WHO), the LIFE Programme (UNDP), the Labour Intensive Public Works Programme (ILO), the Metropolitan Environment Improvement and Metropolitan Development programmes (World Bank/UNDP), the Sustainable Cities Programme (Habitat), the CITYNET/Asia-Pacific 2000 Programme (ESCAP/UNDP) and the Tropical Urban Climate Experiment (WMO).

25. There are also programmes that address the growing need to network the available information. A collaborative project involving WHO, UNICEF, UNDP, the Rockefeller Foundation, bilateral donors and research and development institutes 6/ aims to develop a network of supporting institutions that will mobilize needed technical and financial input in the implementation of projects developed by the participating cities.

26. A positive trend among these and other ongoing efforts is the focus on "supportive environments" or the "settings approach". This focuses attention on key urban settings and on relevant ministries and local authorities. It is emerging as an effective and practical means of achieving intersectoral action. 7/

27. The role of health centres is receiving increased attention; in part, as a result of the overall decentralization efforts. Currently, studies are being carried out in eight cities to further develop the idea of designating one health centre in each urban district as a "reference health centre".

28. Problem areas remain in reducing the extension of poor quality health care, increasing the self-reliance of vulnerable groups and local inhabitants, increasing community participation in health-care programmes and reaching high-risk groups for reproductive health care.

Programme area E: Reducing health risks from environmental pollution and hazards

29. There are two common elements among the activities of this programme area: (i) the need to improve information capabilities, and (ii) the linkages between programme area E and several other chapters of Agenda 21. 8/

30. The health components of many ongoing United Nations agency programmes, particularly those of WHO, UNEP and FAO, are building blocks for the information content of this programme area. These activities include the health components of the Global Environmental Monitoring System (GEMS), the Human Exposure Assessment Locations (HEALS) and the Global Networks project for education, training and research. In addition, the UNEP APELL and Cleaner Production projects provide industry with essential information and advice to reduce pollution and related health risks.

31. WHO has also been developing health criteria for quality of air, drinking-water and coastal waters. These increase organized information capabilities and provide the base on which Governments and local authorities build national standards or establish local pollution control programmes. Environmental health impact assessments, which are becoming prerequisites for development projects, are also an important information collection tool.

32. A new initiative involves the joint monitoring and assessment initiative of UNEP/WHO, which aims to develop methodologies to link data on environmental quality and the health status of exposed populations. It is planned to closely link this initiative to the work of UNEP and the Statistical Division of the United Nations Secretariat on harmonizing environmental statistics and developing sustainable development indicators.

33. The content of programme area E is closely related to the content of a number of sectoral Agenda 21 chapters, including chapters 8, 9, 17-21 and 39. Integrated approaches to pollution risk reduction, through a series of pilot projects, are expected to lead to the development of comprehensive risk analysis, pollution source identification and prioritization of remedial action. These are likely to result in the formulation of cost-effective health

protection components and prevention/control measures. Focusing on specific target groups is another approach that is likely to produce the desired results. Such cross-linkages include the Healthy Cities project and the supportive environment projects.

B. National experience 9/

34. Agenda 21 is beginning to affect the health sector in some countries. The slow rate of influence of sustainable development approaches to health policies may be due to two factors inherent in the health issue. First, the challenge of allocating responsibilities for activities that involve the competencies of multiple ministries, agencies and other institutions. 10/ Secondly, Agenda 21's focus, in general, and the health focus, in particular, strongly emphasize preventive measures, while most current resources are allocated to curative processes. 11/

35. The information received from Governments regarding national implementation activities under chapter 6 are summarized below by groups of countries and programme areas of chapter 6.

1. Developing countries 12/

Programme area A: Meeting primary health needs, particularly in rural areas

36. With the exception of one country, all indicated that they had a national health plan. In most cases the national strategy is recently developed and is largely guided by the WHO Health for All strategy. One country indicated that its national health strategy was integral to its overall environmental investment programme. A Latin American country indicated that it had increased public health investments. An Asian developing country indicated that its national health strategy included standards for management of health care, training of health personnel, media education, immunization programmes and reduction of malnutrition.

37. Overall there are indications in favour of decentralized systems where districts and local authorities take greater roles and responsibilities. Most are aware of or have been guided by the Health for All strategy and Agenda 21. However, the focus does not yet appear to have shifted to preventive care. Most indications relate to provision of curative care. Several strongly emphasize the need for training of personnel, education programmes on environmental and health linkages and other awareness campaigns.

Programme area B: Control of communicable diseases

38. Many of the communicable diseases listed in chapter 6 are health priorities and problems in most developing countries. Those that have provided information on this programme area emphasize the need to eradicate poliomyelitis, malaria and leprosy and reduce measles. AIDS is a priority for developing countries, as it is for developed countries. Many developing countries indicate they have collaborative projects with international agencies and bilateral donors

regarding the reduction, eradication and control of the above diseases. Many also indicate they need more human and financial resources to monitor illnesses and their sources, run education campaigns and improve the overall health infrastructure.

Programme area C: Protecting vulnerable groups

39. Most responding developing countries indicate that they have health programmes for children. Programmes for the other three vulnerable groups appear to be fewer or lacking. One country also indicated the ageing as an additional vulnerable group.

Programme area D: Meeting the urban health challenge

40. There is hardly any information on urban health challenges. The information received indicates there is some level of decentralization and some surveying of needs in the urban setting. Overall, there appears to be extensive need among developing countries for assistance in dealing with the rapid trends of urbanization and related health and other social services.

Programme area E: Reducing health risks from environmental pollution and hazards

41. Water pollution and the related health effects appear to be a priority for developing countries. In particular, the provision of safe drinking water and solid waste management are high priorities. Most developing countries also indicate urgent needs for monitoring and measuring pollutants in all media, particularly air and water, and in relation to the health and environmental effects of pesticides. Environmental and health impact assessments appear to be a priority area for future development assistance needs, including technology, training and information systems.

2. Countries in transition

Programme area A: Meeting primary health care needs, particularly in rural areas

42. The responding countries in this category indicate that they have adopted a national plan but that it is too early to assess the impact on society. They also indicate having a rural focus and expect to see more results in this area as decentralization/privatization efforts continue. Health indicators appear to have deteriorated slightly during the biennium 1989-1990. The needs focus primarily on improving or establishing information systems.

Programme area B: Control of communicable diseases

43. The responding countries indicate that many of the communicable diseases listed in chapter 6 are not applicable. Some of these diseases, such as measles, are prevented through regular and/or comprehensive vaccination programmes. They report the occurrence of poliomyelitis and tuberculosis as well as of AIDS. One country indicates that a national committee to prevent

AIDS has been established. Assistance needs fall under improvement of health information and education services, technologies, and codification and surveying of environmental factors.

Programme area C: Protecting vulnerable groups

44. Child care, prenatal care, immunization and vaccination programmes, and family planning are listed as programmes directed to vulnerable groups. Acute respiratory illnesses among children have led to special programmes for schoolchildren. One country has a particular focus on the family as opposed to separate vulnerable groups. Assistance is needed primarily in modernizing existing systems, particularly in schools.

Programme area D: Meeting the urban health challenge

45. One responding country participates in the WHO Healthy Cities programme. The same country also indicates that many local authorities finance and run local programmes and that many districts have their own regional programmes. Assistance is needed in surveying the health and environmental needs of the urban settings.

Programme area E: Reducing health risks from environmental pollution and hazards

46. Contamination of foodstuffs, nitrification of water and soil from pesticide use, drinking water quality and noise are mentioned as top health risks from urban pollution. One country has a government decree for monitoring health and environment status, involving tens of districts. Another country indicates that air pollution is monitored to some degree; it has no information on indoor pollution, however. The country is in the process of reducing lead in fuel to improve air quality. Assistance needs relate to research and monitoring capabilities.

3. Developed countries

Programme area A: Meeting primary health care needs, particularly in rural areas

47. In most responding developed countries, primary health care is largely available; three quarters or more of the people have access to health services and care. In some countries the coverage is entirely a public service and is almost universal. Most have national health plans and are part of the WHO Health for All strategy.

48. In all responding developed countries, overall health indicators are high: life expectancies range from 70 to 80 years; there are adequate numbers of medical personnel, health-care centres, research institutes; and low infant mortality rates. Most national efforts include intersectoral coordination involving several ministries and local governments.

49. A problem area is the rapid decrease in the rural population which (i) reduces incentives for medical personnel to work there and (ii) no longer justifies rural medical centres as they become less cost-effective. One country has responded to the latter problem by providing mobile health services in rural areas.

Programme area B: Control of communicable diseases

50. Most communicable diseases listed in chapter 6 are no longer a priority or no longer exist in developed countries. Many responding countries indicate no incidence of poliomyelitis, malaria or leprosy. Although some indicate a slight increase in tuberculosis, numbers are too small to consider it an epidemic.

51. The current overall focus is more on the AIDS epidemic and on cardiovascular diseases, cancer and occupational accidents. AIDS is reported as a priority by all responding developed countries particularly in terms of controlling its spread, as is health-related development assistance to developing countries.

Programme area C: Protecting vulnerable groups

52. Of the four groups identified in this programme area, children and women appear to receive more attention. Most responding developed countries have health care services for infants, prenatal care, vaccination programmes, and other services that are accessible. One country indicated 99.9 per cent coverage for prenatal and child care. Some have particular legislation that protects the rights of children and upholds the relevant international instruments.

53. One country indicated that its development assistance experience in developing countries is currently being used internally in dealing with the needs of its indigenous people. Another country indicated that it carries out its programmes for vulnerable groups through national non-governmental organizations.

54. Almost all responding countries indicate at least two additional groups as vulnerable groups. These are the ageing and the disabled. One country also considers the unemployed a vulnerable group with respect to health needs. These groups also receive health care and other social services through national strategies and policies.

Programme area D: Meeting the urban health challenge

55. This programme area requires action regarding urban health plans, surveying of health and environmental linkages in urban settings, local health services and information networks in cities. Most developed countries indicate that local governments and municipalities are involved in the overall provision of health services.

56. Cities appear to have autonomous financial and decision-making capabilities in many responding developed countries. This enables them to not only implement national health plans and policies but also adopt local programmes to meet local

needs. Most activities in this area, such as information centres and surveys, are part of national health services and are not separately reported.

Programme area E: Reducing health risks from environmental pollution and hazards

57. Developed countries have numerous success stories regarding the measurement, monitoring and control of various environmental pollution cases. Due to numerous and long-existing legal frameworks, many health-related successes follow from the information and monitoring infrastructure. Some countries' information systems also form the backbone of international environmental monitoring systems.

58. Most responding developed countries list specialized environmental legislation to deal with a range of problems, from noise reduction to vehicle emission standards and energy efficiency requirements. Many also provide development assistance in relevant monitoring technologies and training. A priority area in this context appears to be water pollution and the reduction of relevant health effects.

C. Role and contribution of major groups

59. Three major groups, as recognized in Agenda 21, are singled out in chapter 6 as vulnerable groups: children and youth, women, and indigenous people. However, given the central place of human and environmental health in sustainable development, all other major groups have a stake in helping to implement the activities in chapter 6.

60. Non-governmental organizations have been particularly active in the health area. However, given that health is a fundamental concern in environment and development, activities and efforts of all other major groups are directly or indirectly linked to promoting and protecting health. Scientific and technological communities have a particular role in terms of generating the methods that help assess various environmental risks, and provide prevention and abatement processes for the use of public and private institutions.

61. The growing importance of the role of major groups in the health sector was highlighted at the Inter-sessional Workshop on Health, the Environment and Sustainable Development, organized by the Government of Denmark. The conclusions of this meeting include ensuring that, at the national and local levels, major groups (especially community groups, women's groups, the private sector and non-governmental organizations) are given better opportunities to involve themselves in decisions and actions to protect and promote health through protection of the local environment, and to promote recognition of the expertise acquired in doing so.

1. Non-governmental organizations

62. Many national and international non-governmental organizations are already important agents in the execution of health programmes. Increasingly, bilateral

and multilateral donors either directly fund the efforts of those organizations or require that they are involved in programme implementation. They are recognized as important partners in the delivery of services, in the development of innovative action at the local level, in the support of community-driven approaches to sustainability, in assessing problems and evaluating policies and in collecting and disseminating information.

63. One non-governmental organization officially submitted a report to the Commission specifically on the health theme: the Women's Network on Pharmaceuticals (WEMOS), based in the Netherlands. 13/ The WEMOS submission comprised three papers on health and sustainable development in general; breast-feeding as a sustainable method of infant feeding; and the rational use of drugs in sustainable health policies. Recommendations for health and sustainable development focus on placing high priority on reducing inappropriate medical intervention by the provision of more independent consumer information and education on medical intervention. This non-governmental organization also suggests that more traditional methods such as breast-feeding be promoted, trade in dangerous drugs be reduced, dangerous pharmaceuticals be included in an internationally agreed ban, health efforts focus on prevention, and disclosure of information on toxicity and exposure be increased.

2. The scientific and technological community

64. This major group has a particular role in promoting and protecting health by generating the knowledge and technologies necessary to carry out the objectives of chapter 6, as well as other health-related matters in Agenda 21. One scientific association submitted an official report on health: the Environmental Research Committee of the Japan Scientists Association (JSA).

65. The JSA report proposes a model that illustrates the importance of adopting a preventive approach. The model focuses on the cut-off point at which a healthy state is considered to have become a state of "illness". As these states are not definite points but phases, they involve a transitional period when neither of the states is clearly prevalent. JSA is of the opinion that greater focus on cut-off points that fall within the transitional phase would lead to more preventive approaches. The model has significant policy implications. For example, the cut-off point determines when to provide health services and what kind of health services to provide. Similarly, the cut-off point affects legal requirements and regulations on the level of acceptable "risk" related to various types of exposure to environmental factors.

D. Capacity-building, technology and finance

1. Capacity-building and technology

66. Chapter 6 identifies scientific and technological means of improving the understanding, forecasting and management of health needs that can be grouped as follows: (i) strategy design at the national, district and local levels; (ii) improved information management; (iii) health modelling; (iv) international generation and sharing of health information.

67. Strategy design. Recent international developments signal an opportunity for re-emphasizing health planning and related activities with the expectation of near-term benefit. These include (i) use of cost-effectiveness in health strategy design; (ii) new public health action, which is based on reviewing and revising the extent of public responsibility in health; (iii) decentralization of health planning; (iv) growing experience with rapid assessment procedures; and (v) the WHO/UNICEF initiative for building national capacity to monitor and manage water and sanitation development.

68. Improved information management. The rapidly advancing micro-computer technology and data communications capability offers considerable potential to improve the management of extensive amounts of data generated by various agencies and some countries. Much of this data is underutilized. Technological enhancement needs to focus on developing health indicators, better use of modern communications and data analysis technologies and training.

69. Health modelling. Collaborative efforts of United Nations agencies and other institutions should focus on providing practical guidance for national health administrations, particularly in computer modelling. This focus could help with analysis of health-related cause-effect relationships; assessing the cost-effectiveness of potential interventions; and forecasting and designing future scenarios. 14/

70. International cooperation in generating and sharing health information. Globally available data should be shared and used more effectively. Among the sources of such data are (i) joint exploration by WHO and the United States Centers for Disease Control and Prevention (Atlanta) of the possibilities for global monitoring of emerging infection and changing disease patterns; and (ii) the Internet electronic network to gather and share evidence of the effectiveness of new health strategies and operational approaches. 15/

71. Capacity-building is an important part of the health and technology issue, and needs inter-agency collaboration most. A number of agencies carry out programmes that focus on human resource development in the health field. 16/ A relatively simple but crucial aspect of the efforts in this area is providing training materials in local languages. It is also essential to link the different training activities at the national level into a common planning framework. WHO has begun work with the World Bank and UNDP to create a Network for Capacity Building in Health Sector Reform. The focus of the proposed network is on information exchange, tools development and advocacy. The network can be an important means of pooling expertise, linking people with similar vision and motivation, thus breaking the isolation that many professionals charged with designing and monitoring reform efforts are facing.

2. Finance

72. The estimated cost of implementing the activities of chapter 6 is US$ 51 billion a year, including US$ 6.4 billion from multilateral sources in the form of grants and concessional loans.

73. A number of costing methods have been applied by WHO to the programme areas of chapter 6. 17/ This analysis argues that, given the current total public health expenditures, it is both feasible and economical to meet the estimated cost of chapter 6. The primary requirement in this context is to evaluate the allocation of the expenditures to various health services and assess their cost effectiveness in a "population-development needs" matrix.

74. The recommendations of the WHO study on financing the programme areas of chapter 6 focus on the reassessment of health expenditures; implementation of cost-effective allocations with long-term results; greater emphasis on financing preventive programmes; establishing the "right" price signals and incentives for health; emphasizing the long-term needs of the vulnerable and high-risk groups; and evaluating health needs in the broader context of other chapters of Agenda 21 and the overall goals of sustainable development. These involve considerable reform within the health sector and across all health-related sectors. The WHO study suggests that these reforms be undertaken in the context of national sustainable development plans rather than as stand-alone efforts for isolated health problems.

III. CONCLUSIONS AND RECOMMENDATIONS FOR ACTION

75. The main recommendation that stems from reviewing the national and international activities under chapter 6 is that the ongoing efforts for health sector reform should be supported by international institutions in general and by the Commission in particular. In this context, the Commission may wish to take into account the four broad "lines of reform" identified in the background paper prepared by WHO:

(i) Community (health) development: achieving health promotion and protection, especially among the vulnerable groups, as part of more holistically conceived community development programmes;

(ii) Health sector reform: ministries of health increasing the allocation of resources to the most cost-effective programmes;

(iii) Environmental health: increasing understanding of sectoral linkages with health, and mobilizing action in other sectors accordingly;

(iv) National decision-making and accounting: strengthening health representation in national decision-making, and incorporating health and its financing in new accounting systems for sustainable development.

76. Some specific recommendations are set out below. In addition, the full text of the recommendations of the Inter-sessional Workshop on Health, the Environment and Sustainable Development, organized by the Government of Denmark, is contained in annex I.

77. Future reporting on progress in promoting and protecting health: The Commission may wish to consider requesting that future national and international reporting on progress in implementing the activities of chapter 6

should focus on the steps taken to promote the four reform trends identified above.

78. Supporting the ongoing health reform process. The Commission may consider further stimulating the ongoing health sector reform process by, inter alia, (a) calling upon Governments to host meetings to elaborate the reform process in more detail; (b) calling upon donor agencies to earmark funds for this process in countries that are actively implementing sustainable development policies; and (c) establishing special working groups to monitor progress within the United Nations system to ensure that the reform called for at the national level is leading to comparable reform within and among the various agencies involved. A practical approach in this context could be to incorporate some of these key elements into the Commission's multi-year thematic programme of work. For example, the issue of financing of health in the context of sustainable development, strengthening health representation in national decision-making, and the roles of non-governmental organizations in health should be specifically addressed under the appropriate agenda item at future sessions of the Commission.

79. Broad approaches to health investments. Narrow health investments are curative and confined to the health sector, while broad health investments are preventive, with important contributions being made by all other sectors whose programmes influence human health. The Commission may wish to encourage Governments and intergovernmental bodies to adopt a broad approach at the regional, national and local levels.

80. Supportive environments for vulnerable groups. Efforts for better health care for vulnerable groups produce long-term positive results when they take an integrated approach. A community focus could be more strategic than focusing on programmes for individual groups. The Commission may wish to consider emphasizing a community focus in building community care.

81. Partnership approach. Inequitable distribution of resources, irrational duplication and overlapping of functions, limited authority at the local level, and uncoordinated efforts between public, private, voluntary and non-governmental organizations still dominate the urban scene. Current experience indicates that the partnership approach is common to successful programmes. The partnership approach should involve communities, non-governmental organization, municipalities and local health departments jointly addressing problems and mobilizing local resources.

82. Environmental health impact assessments. There is agreement that new development projects should undergo an environmental impact assessment. This emerging agreement could benefit from further political and institutional support. The Commission may consider requesting all United Nations agencies to run environmental health impact assessments for new and existing programmes. In this context, the Commission may also wish to suggest that major groups participate in such assessment processes and/or undertake independent verification at the local level.

Annex

RECOMMENDATIONS OF THE INTER-SESSIONAL WORKSHOP ON HEALTH, THE ENVIRONMENT AND SUSTAINABLE DEVELOPMENT, ORGANIZED BY THE GOVERNMENT OF DENMARK

(Copenhagen, 23-25 February 1994)

Building upon Agenda 21 of the United Nations Conference on Environment and Development, participants in the Inter-sessional Workshop on Health, the Environment and Sustainable Development, held in Copenhagen, from 23 to 25 February 1994,

Meeting as an integral part of the inter-sessional programme of the Commission on Sustainable Development, and within the framework of the forthcoming International Conference on Population and Development and the Fourth World Conference on Women, which all address important components of Agenda 21,

With a view to further promoting the Chapters of Agenda 21 relevant to the Workshop,

Guided by the objective of promoting the effective integration of health and environmental considerations into the planning of all development activities, and in the light of the many positive experiences gained from primary health care and the drive towards health for all,

Convinced of the need for urgent action for a sustainable future,

Recognizing the important impact of population growth and production and consumption patterns on health, the environment and sustainable development,

Invites the Commission on Sustainable Development to receive for debate, and preferably for wide dissemination, the following set of recommendations for urgent attention and follow up:

Priorities

To promote awareness and commitment among concerned authorities, the general public and specific target groups to the close and fundamental relationship between health, the environment and sustainable development;

To convince Governments of the essential need for political commitment to integrate the trinity of health, the environment and sustainable development through innovative and holistic approaches;

To encourage a carefully planned redirection of national and international resources, better understanding and coordination among the authorities responsible, and increased funding for health and the environment;

To ensure, at the national level, that health, environment and other relevant actors participate fully and democratically in a sustainable planning process, particularly at the pre-investment planning stage, and are given adequate resources, opportunities and information as well as managerial and technical capacity;

To ensure, at the national and local levels, that major groups (especially community groups, women's groups, the private sector and non-governmental organizations) are given better opportunities to involve themselves in decisions and actions to protect and promote health through protection of the local environment, and to promote the recognition of their expertise acquired in doing so;

To ensure the development of participatory planning so that decision-making and implementation take place at the appropriate, decentralized level;

Means

To build up greater institutional capacity for the conception, planning and management of appropriate health and environment policies and operational elements at the international, national, local and community levels with the assistance of international donors, if necessary;

To support international and regional collaboration between United Nations agencies and international bodies, including non-governmental organizations, that aims at achieving human health goals as explicitly and implicitly contained in Agenda 21;

To request multilateral and bilateral cooperation agencies to take into account these recommendations in the formulation of policies and programmes aimed at supporting health, the environment and sustainable development;

To build on the achievements of existing approaches, such as primary health care and healthy cities and municipalities, in integrating health, the environment and sustainable development;

To emphasize the usefulness in the national, local and ecological context of enhancing all sustainable and participatory planning methods with appropriate tools, including health impact assessments, integrated within environment impact assessments, and checklists based on the best available national and international data;

To develop and implement national accounting systems which incorporate environmental and human health parameters;

To promote multidisciplinary research on the links between health, the environment and sustainable development, including intersectoral data and indicators, operational and social research, and case-studies;

To increase the use of economic instruments (such as revenue collection, taxes, levies or subsidies) to promote health through the integration of health, the environment and sustainable development;

To disseminate as widely as possible relevant and available information and statistics on health and environment parameters, translated into local languages, with a view to alerting local authorities and local groups to possible risks or benefits of alternative paths of action, as well as the consequences of unsustainable lifestyles;

To upgrade public health, the environment and sustainable development, and their close interrelationship, as elements in primary, secondary and adult education curricula, and to encourage multisectoral seminars and training courses to improve the understanding of primary health care and sustainable development, and how these two conceptual frameworks complement each other at all levels.

Notes

1/ WHO is the Task Manager for chapter 6, in accordance with the decision of the Inter-Agency Committee on Sustainable Development at its 2nd meeting, in 1993. The Task Manager's report was prepared in collaboration with the following organizations and programmes: United Nations Children's Fund, United Nations Development Programme, United Nations Environment Programme, United Nations Population Fund, United Nations Relief and Works Agency for Palestine Refugees in the Near East, World Food Programme, United Nations Centre for Human Settlements (Habitat), International Labour Organization, Food and Agriculture Organization of the United Nations, United Nations Educational, Scientific and Cultural Organization, World Bank, International Telecommunication Union, World Meteorological Organization, United Nations Industrial Development Organization and International Atomic Energy Agency.

2/ Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3-14 June 1992, vol. I, Resolutions Adopted by the Conference (United Nations publication, Sales No. E.93.I.8 and corrigendum), resolution 1, annex I (Rio Declaration on Environment and Development), principle 1: "Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature."

3/ Primary Environmental Care (PEC) is a process by which communities, with multilateral and bilateral support, organize themselves and strengthen, enrich and apply their own means and capacities (know-how, technologies and practices) for the care of their environment, while simultaneously satisfying their needs. The concept's origin is not clear, but is attributed to non-governmental sources.

4/ Plans are under way to extend inter-agency involvement in this programme to other United Nations agencies.

5/ PEEM is a collaborative arrangement focusing on prevention of vector-borne diseases. PEEM's more recent focus has been on policy formulation, research and development, and capacity-building in the field.

6/ London School of Hygiene and Tropical Medicine; Aga Khan University, Karachi; Harvard School of Public Health, Boston; Department of Public Health, University of Liverpool; Liverpool School of Tropical Medicine; Catholic University, Nijmegen; School of Public Health, Berkeley University; Tata Institute of Social Sciences, Bombay; Centre for Urban Policy Studies, Manila; Faculty of Public Health, Jakarta University; ASEAN Institute for Health Development, Bangkok.

7/ An example of this approach is the national school health programme in Ghana.

8/ Particularly the chapters on decision-making, (chap. 8), protection of the atmosphere (chap. 9), protection of the oceans, (chap. 17), protection of freshwater resources, (chap. 18), management of toxic chemicals (chap. 19), hazardous wastes (chap. 20), solid wastes (chap. 21) and international legal instruments and mechanisms (chap. 39).

9/ The information provided in this section is based on the responses of Governments to the questionnaire prepared by the Secretariat. The questionnaire covered all the cross-sectoral and sectoral themes that are before the Commission at its present session. To date, the Secretariat has received six responses related to health from developed countries, five from developing countries and two from countries with economies in transition.

10/ Health is not a stand-alone issue; it cuts across the areas of competence not only of the health sector but also of the industrial, social welfare, agricultural, environmental sciences and education sectors, among others. This makes both the allocation of responsibilities and the coordination of activities a challenge. Success of relevant efforts depends on the level of coordination between the various ministries, as well as between national and local/regional administrative structures. Similar coordination and delineation of responsibilities challenges exist at the international level.

11/ Health-related efforts currently concentrate more on curative processes than on the preventive efforts required by sustainable development. Curative services account for the most of the human, material and financial, resources available to the health sector in most countries. World-wide economic difficulties raise additional barriers to increasing preventive services and therefore to fulfilling the goals of Agenda 21.

12/ The developing country respondents were few. Hence the present analysis has limited reliability in terms of generalizing the behaviour of over three quarters of the people of the world and their Governments.

13/ The work of most non-governmental organizations in sustainable development is closely linked to health concerns and a lack of official submissions to the Commission does not indicate the absence of non-governmental organizations in this field.

14/ A current WHO/WMO/UNEP project to produce a book on potential health impacts of climate change is relevant in this context. This activity takes place in close coordination with the impact assessment work of the Intergovernmental Panel on Climate Change (IPCC), whose climatological modelling scenarios for 2020 and 2050 serve as baseline material.

15/ An inter-agency project on Databases and Methodologies for Comparative Assessment of Different Energy Systems for Electricity Generation (DECADES), while not specific to health, is of relevance in illustrating the extent to which inter-agency cooperation is possible in this area.

16/ WHO, together with FAO, UNEP, UNESCO, UNICEF and the United Nations Institute for Training and Research (with funding from UNDP, the World Bank, regional banks and other sources).

17/ See the background paper prepared by WHO for the second session of the Commission for details of these costing projections.